

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

**PHYSICIAN CERTIFICATION  
EXPERIMENTAL/INVESTIGATIONAL DENIALS**

DOI / IMR

**(To Be Completed By Treating Physician)**

I hereby certify that I am the treating physician for \_\_\_\_\_ (insured's name) and that I have requested the authorization for a drug, device, procedure or therapy denied for coverage due to the insurance company's determination that the proposed therapy is Experimental and/or Investigational. I understand that in order for the Insured to obtain the right to an Independent Medical Review of this denial, as treating physician I must certify that the Insured's medical condition meets certain requirements.

**In my medical opinion as the Insured's treating physician, I hereby certify to the following:**  
**(Please check all that apply)** (NOTE: Requirements #1 - #3 below must all apply for the member to qualify for an Independent Medical Review).

1) The Insured has a terminal medical condition, or a life threatening condition, or a seriously debilitating condition.

2) The Insured has a condition that qualifies under one or more of the following:  
[please indicate which description(s) apply]:

Standard therapies have not been effective in improving the Insured's condition;

Standard therapies would not be medically appropriate for the Insured; or

There is no more beneficial standard therapy covered by the policy.

3) The treatment I have recommended and which has been denied in my medical opinion, based on current clinical literature and medical evidence, is likely to be more beneficial to the Insured than any available standard therapies.

4) The treatment I have recommended would be significantly less effective if not promptly initiated.  
Explain: \_\_\_\_\_

**Contracted Providers:** 1) Please state the evidence relied upon in this determination. Please provide a description below or attach to this request form, and fax to the Department.

\_\_\_\_\_

\_\_\_\_\_

2) Please provide a description of the experimental or investigational drug, device, procedure, or other therapy recommended by the patient or myself. (Attach additional sheets as necessary.)

\_\_\_\_\_

\_\_\_\_\_

**Non-Contracted Providers or Insureds requesting Independent Medical Review on their own:**

You are required to present two documents to the Department of Insurance from specialized medical and scientific literature sources to support the above certification that the requested therapy is likely to be more beneficial to the Enrollee than any available standard therapy. Please refer to the reverse side that lists the medical and scientific literature sources, which qualify as supporting documentation for Independent Medical Review requests, and fax or overnight.

**Documentation may be forwarded by facsimile or overnighted with this form to:**

**Department of Insurance, IMR Unit, 300 South Spring Street, Los Angeles, CA 90013.**

**If you have any questions, the Department can be reached at (800) 927-4357, fax (213) 897-5891, or the Department's web site at [www.insurance.ca.gov](http://www.insurance.ca.gov).**

\_\_\_\_\_  
Physician's/Insured's Signature

\_\_\_\_\_  
Date

**STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE**

**MEDICAL and SCIENTIFIC EVIDENCE WHICH QUALIFIES  
FOR INDEPENDENT MEDICAL REVIEW REQUESTS  
as DEFINED UNDER HEALTH and SAFETY CODE SECTION 1370.4(d)**

1. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not a part of the editorial staff;
2. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medica (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR);
3. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act;
4. The following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information;
5. Findings, studies and research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; or
6. Peer-reviewed abstracts accepted for presentation at major medical association meetings.